

[Print Form](#)**Padua Franciscan High School**

Office of the Registrar

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Name: Year of Graduation: Name at Graduation: Phone: Address: City: E-Mail State: Zipcode:

Please send official transcript to:

College or Agency Name: Department: Address 1: Address 2: City: State: Zip Code

I authorize Padua Franciscan High School to release my transcript to the above named college or agency.

Signed:

Date **Due to College Board's Policy of Score Choice, Transcripts and Secondary School Reports no longer include SAT or ACT Scores.***Mail completed form and \$5.00 per transcript (check or money order) to above address. Please note there is no charge for transcripts during the first year post graduation.**Transcript will be mailed within 2-3 days of receipt of payment.*